

## Community Survey - Draft

**Privacy Protection Disclosure:** We want to assure you that your responses to this survey are completely anonymous. Responses to anonymous surveys cannot be traced back to the respondent. No personally identifiable information is captured unless you voluntarily offer personal or contact information in any of the comment fields. Additionally, your responses are combined with those of many others and summarized in a report to further protect your anonymity.

### About This Survey

The Los Angeles County Care First and Community Investment (CFCI) initiative invests County funds in innovative projects that serve chronically under-resourced communities to address negative outcomes caused by racially-driven criminal justice inequities and long-term community economic disinvestment. These projects include direct community investments and alternatives to incarceration that are informed by the framework of the Sequential Intercept Model. For more information about the Alternatives to Incarceration Sequential Intercept Model, please click [here](#) or scroll to page 22 [here](#).

This year, the CFCI Advisory Committee is charged with providing recommendations to the Los Angeles County Chief Executive Office (CEO) for allocating \$100,000,000 for Year 2 of CFCI. The final CFCI Year 2 Spending Plan will be presented by the CEO to the Board of Supervisors who make the ultimate decision about how all County funding is allocated.

This survey is intended to collect information on your priorities and experiences to help guide the CFCI Advisory Committee's funding recommendations.

### [BEGIN SURVEY]

1. Please select the zip code you live in? **[DROP DOWN MENU OF ALL LA COUNTY ZIP CODES]**
2. Tell us about your community's priorities. For each program area below, please rank the program's level of importance to you. (1- Extremely Important, 2 - Very Important, 3 - Undecided, 4- Not important, 5 - No need / not important at all):

Restorative Justice (e.g. restorative circles, conflict resolution, or transformative justice)

1---2---3---4---5

Alternatives to Incarceration (e.g., counseling, alternatives to supervision, monitoring, or detention, pre or post arrest diversion, jail diversion programs, alternative sentencing, etc..)

1---2---3---4---5

Diversion and Re Entry support (e.g., pre- or post-arrest support programs, alternative sentencing, or post incarceration reentry support)

1---2---3---4---5

Substance Use Disorder (SUD) (e.g., treatment facilities, substance abuse treatment, overdose prevention training, access to safe supplies, sweat ceremonies, talk circles, etc...)

1---2---3---4---5

Child and Youth Development (e.g., youth centers, LGBTQ+ youth programs/support, leadership development, mentorship or peer support, education support, employment support or work-based learning, support for creative expression, support for physical activity, etc...)

1---2---3---4---5

Job Training and Employment (e.g., job training or placement, career planning or training, work-based learning or internships)

1---2---3---4---5

Support for Small, Minority-Owned Businesses (e.g., microgrants, subsidies, support for infrastructure, loans/financing, )

1---2---3---4---5

Rental Assistance, Housing Vouchers, and Supportive Housing Services (e.g, interim housing, short- or long-term rental assistance, housing navigation services, permanent supportive housing, housing for intimate partner violence victims, LGTBQ+ safe housing, etc.. )

1---2---3---4---5

Capital Funding for Housing and on site supportive care for the previously unhoused (e.g., housing with on site services such as recuperative care, mental health, addiction treatment, sobering centers, counseling, respite care)

1---2---3---4---5

**(SURVEY PROGRAMING INSTRUCTION: *Based on the responses above, each respondent will receive a follow up question on their top two priorities and a question on a third randomly selected program area*)**

***IMPORTANT: All responses will remain anonymous. Please answer as many questions as you are comfortable with. All questions are optional.***

### **PROGRAM AREA 1**

#### **Alternatives to Incarceration: DIVERSION & REENTRY / PRETRIAL SERVICES**

1. Have you ever had an experience with law enforcement or the justice system, courts, jails, etc.  
☐ Yes  
☐ No  
☐ Rather not say
2. Do you know someone (a family member, loved one, friend, neighbor, etc.) who has ever had a personal experience with law enforcement or the justice system, courts, jails, etc.

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Rather not say

3. Have you or someone you know had any of the following experiences with law enforcement or the justice system/courts/jails? Please select all that apply.

- ☐ Been incarcerated
- ☐ Been arrested
- ☐ Searched or stopped by the police
- ☐ Felt harassed or threatened by the police
- ☐ Been on probation
- ☐ Been on parole
- ☐ Other: **[OPEN ENDED]**

4. Please tell us what you and your community's most important needs are for the following programs that are alternatives to incarceration. Please rate each one individually:

5	4	3	2	1	
need much more	need more	keep as is	need less	need much less	Not sure
(++)	(+)		(-)	(--)	

- Gang violence prevention
- Conflict resolution programs
- Intervention programs
- Alternatives to pretrial law enforcement custody or supervision
- Pre- or post-arrest diversion services for those with significant physical and behavioral health needs
- Alternative sentencing such as community service, treatment, counseling, etc.
- Re-entry services such as record expungement, case management, counseling, etc.

5. Do you have any other suggestions about what your community's most important needs are? **[OPEN ENDED]**

## **PROGRAM AREA 2**

### **COMMUNITY BASED HEALTH SERVICES**

1. Have you or do you know someone who has experienced any of the following? Please select all that apply.

- ☐ Trouble accessing general preventive health care (access to regular doctor visits, check ups, wellness care, etc.)

- ☐ A need for mental health and wellness services (counseling, therapy, healing spaces, etc.)
- ☐ A need for substance disorder services (treatment facilities, sweat ceremonies, counseling, etc.)
- ☐ A need for maternal care or pre-natal care (baby wellness checks, doulas, birthing centers, lactation support, new parent support groups, etc.)
- ☐ A need for pediatric care/health care for children
- ☐ Not feeling safe or comfortable with health care providers
- ☐ No access to health care that meets my needs
- ☐ Health care providers/services not in my community
- ☐ Trouble navigating the healthcare system
- ☐ Trouble finding health care services that are culturally appropriate for me
- ☐ A need for healing spaces from Intimate Partner Violence
- ☐ Lack of access or trouble accessing health care for any reason
- ☐ No healthcare coverage
- ☐ Other: **[OPEN ENDED]**

2. Please tell us what you and your community's most important needs are for the following programs in the area of *Community-Based Health Services*. Please rate each one individually:

5	4	3	2	1	
need much more	need more	keep as is	need less	need much less	Not sure
(++)	(+)		(-)	(--)	

- Programs that provide free dental care in your community
- Community health centers that provide free or low cost medications, regular doctor visits, and mental health services
- Mobile teams of mental health providers to respond to a person experiencing a mental health crisis
- Programs to support new and expecting mothers with prenatal care and health education
- Sobering centers that provide treatment and services to individuals as a replacement to jail time
- Services for people who engaged in sex work
- Services with a primary goal of supporting positive changes, meaning they are not contingent on sobriety or engagement with a SUD treatment program
- Access to safer substance use supplies (e.g. syringes, fentanyl test strips, tourniquets, etc.) and biohazardous waste disposal
- Overdose prevention training/education and naloxone distribution
- Access to safe sex supplies
- Talking Circles, Pow-wow, and Sweat Ceremonies
- Traditional healers (spiritual healers)

- Culturally based therapies
3. Do you have any other suggestions about what your community's most important needs are? **[OPEN ENDED]**

### **PROGRAM AREA 3**

#### **YOUTH DEVELOPMENT**

- Are you a parent, guardian, or caretaker for a young person?
  - ☐ Yes
  - ☐ No
- Do you identify as a young person?
  - ☐ Yes, 12-16
  - ☐ Yes, 17-21
  - ☐ Yes, 22 -25
  - ☐ No
- Have you or do you know someone who has experienced any of the following? Please select all that apply.
  - ☐ Participated in an after school or youth program (e.g. sports, mentorship, cultural programs, academic programs)
  - ☐ Know a child that participated in a youth program (e.g. sports, mentorship, cultural programs, academic programs)
  - ☐ Had no access to youth programs
  - ☐ Suspended from school (grade level, middle, or high school)
  - ☐ Expelled from school (grade level, middle, or high school)
  - ☐ Been in the juvenile justice system
  - ☐ Been in foster care
- Please tell us what you and your community's most important needs are for the following programs in the area of youth development:

5	4	3	2	1	
need much more	need more	keep as is	need less	need much less	Not sure
(++)	(+)		(-)	(--)	

- Physical youth centers or resource hubs for youth (community centers, access to parks, and recreation centers )
- Leadership development or civic engagement (programs centered on community involvement)

- Education or employment support (Financial literacy programs, STEM based programs, academic clubs, college preparatory classes)
- Support for social and emotional skills development
- Support for health and wellbeing
- Support for environmental or cultural competence
- Support for creative expression (art, music, design, dance, and sports)
- Support for physical activity, sports, and play health
- Work-based learning and internships (job placement and internship placement)
- Cultural Based activities (Drum, Dance, Beading Sports, Pow-wow)
- Culture Based Education (language, history, traditions)

5. Do you have any other suggestions about what your community's most important needs are? **[OPEN ENDED]**

#### **PROGRAM AREA 4**

##### **JOB TRAINING AND EMPLOYMENT**

1. Have you or someone you know ever used or tried to use job training and employment services?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I do not wish to answer

2. How would you rate your experience?

- ☐ Very positive
- ☐ Somewhat positive
- ☐ Not sure
- ☐ Somewhat negative
- ☐ Very negative
- ☐ Other **[OPEN ENDED]**

3. Please tell us what you and your community's most important needs are for the following programs in the area of Job Training and Employment:

5	4	3	2	1	
need much more	need more	keep as is	need less	need much less	Not sure
(++)	(+)		(-)	(--)	

- Job training (programs centered on learning a new skill for job placement)
- Job placement (programs to help with finding a job)
- Career planning or training

- Work-based learning and internships (apprenticeships, on the job training, etc..)
- Job retention (support
- Skill-based workshops (financial literacy, building financial wealth, credit literacy)

4. Do you have any other suggestions about what your community's most important needs are? **[OPEN ENDED]**

## **PROGRAM AREA 5**

### **SMALL & MINORITY OWNER BUSINESSES**

1. Are you, or at one time were you, a small business owner?

- ☐ Yes  
☐ No  
☐ I do not wish to answer

2. Please tell us what you and your community's most important needs are for the following programs in the area of small and minority-owned businesses:

5	4	3	2	1	
need much more	need more	keep as is	need less	need much less	Not sure
(++)	(+)		(-)	(--)	

- Micro-grants (small seed money to start new business or continue growing business)
- Micro lending (lending programs from non-traditional sources, nonprofits & government entities)
- Subsidies for business licenses
- Support to meet grant and lending requirements (one on one counseling & classes)
- Support with infrastructure needs (non-profit collaboratives)

3. Do you have any other suggestions about what your community's most important needs are? **[OPEN ENDED]**

## **PROGRAM AREA 6**

### **HOUSING**

1. Have you or do you know someone who has experienced any of the following? Please select all that apply.

- ☐ Unhoused  
☐ Housing insecurity

- ☐ Homeowner
- ☐ Negative experience with a landlord
- ☐ Have faced eviction
- ☐ Have been evicted
- ☐ Unable to find affordable housing
- ☐ Used housing vouchers
- ☐ Attempted to access housing vouchers or other financial assistance
- ☐ Other: **[OPEN ENDED]**

2. Please tell us what you and your community's most important needs are for the following programs in the area of Rental Assistance, Housing Vouchers, and Supportive Housing:

5	4	3	2	1	
need much more	need more	keep as is	need less	need much less	Not sure
(++)	(+)		(-)	(--)	

- Housing navigation and case management services to help you find housing and payment assistance
- Permanent supportive housing (housing with on-site health care services, counseling, etc...)
- Rental assistance, including move-in assistance (time-limited, i.e. rapid re-housing or shallow subsidy)
- Interim Housing, including recuperative care, Safe landings, transitional housing
- Housing vouchers
- Shared living or sober housing
- Restorative care villages for individuals with severe medical needs, the disabled, or those that require full time care

3. Do you have any other suggestions about what your community's most important needs are? **[OPEN ENDED]**

**[INSTRUCTION: ASK ALL]**

1. Please tell us what you think is working in your community? What programs, resources, or investments would like you to see more of? **[OPEN ENDED]**

2. What cultural based activities are important to you?

- ☐ Drum and dance
- ☐ Singing in your native language
- ☐ Pow-wow
- ☐ Talking Circles

- ☐ Beading
- ☐ Regalia

## **GENERAL QUESTIONS**

1. Please indicate your current housing situation:

- ☐ Staying with friends and family (not renting)
- ☐ Renter
- ☐ Homeowner
- ☐ Live in a motel
- ☐ Live in a vehicle or a tent
- ☐ Unsheltered
- ☐ Emergency/traditional housing
- ☐ Other
- ☐ I don't wish to answer

2. Please indicate your primary source of income

- ☐ Cash Aid
- ☐ Disability/Social Security
- ☐ Government Assistance
- ☐ Salary Wages from Employment
- ☐ Self-employment (business owner or independent contractor)
- ☐ Other
- ☐ I do not wish to answer

3. Are you a parent or caretaker to a child, young person, or an aging adult

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I do not wish to answer

4. Employment status:

- ☐ Unemployed/Furloughed
- ☐ Unemployed not receiving benefits
- ☐ Unemployed receiving benefits
- ☐ Experienced wage cuts/reduced hours
- ☐ Retired
- ☐ Disabled/unable to work

- ☐ Employed full time, independently independent contract worker, gig worker
- ☐ Employed - no benefits
- ☐ Employed - with benefits
- ☐ Employment part-time
- ☐ Student
- ☐ I do not wish to answer

5. If employed, tell us more about your employment history

- ☐ I work multiple jobs to meet my schedule and personal obligations
- ☐ I work multiple jobs to make ends meet
- ☐ I work part-time because I elect to

6. How do you self identify? (select all that apply)

- ☐ Asian
- ☐ Black or African American
- ☐ Indigenous or American Indian or Native American
- ☐ Latino/a/x or Hispanic
- ☐ Middle Eastern
- ☐ Southeast Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ More than one race/ethnicity
- ☐ Other: \_\_\_\_\_
- ☐ I do not wish to answer

7. With which gender identity do you most identify? (select all that apply.)

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Non-binary
- ☐ Transgender
- ☐ Two-spirit
- ☐ Gender non conforming
- ☐ I do not wish to answer

8. What is your age?

Optional: Please provide us with your contact information so that you may continue to stay informed throughout this process:

Name\* (first and last):

E-mail\*

Phone Number\*

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